

Attorney Docker .: TLME-99-001.3.US

10/01/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that bearing First Class of deposit.	t this transmittal of the below des Postage and addressed to the 0	scribed document is being de Commissioner for Patents P.	eposited with the United St. O. Box 1450, Alexandria, V	ates Postal Service in an envelope A 22313-1450, on the below date					
Date of 07/1 Deposit:	1/03 Name of Person Making the Deposit:	Andrea Martinez	Signature of the Person Making the Deposit:	andrea Mar					
In re Application	on of: PARTOVI, H. et al			JUL 2 2 200					
Serial No.:	09/513,236	Examiner:	Nguyen, Quang	NT	•				
Filed:	2/24/2000	Art Unit: 2	141	Technology Center :	2100				
For: METHOD AND APPARATUS FOR CONTENT PERSONALIZATION OVER A TELEPHONE INTERFACE WITH ADAPTIVE PERSONALIZATION									
Commissione P.O. Box 145 Alexandria V									
, nonanana, v		AMENDMENT TI	RANSMITTAL						
1. Transmitted herewith is an amendment for this application									
(7_	ted herewith is a responsum sheets) ted herewith are			ed patent application.					
2. Applic	cant is other than a small	entity							
Extension of Term									
3. The p	roceedings herein are fo	r a patent application	and the provisions	of 37 C.F.R. 1.136 apply.					
(a) [X]	Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
	Extension [X] one mont [] two month [] three mont [] four month	s \$4 ths \$9 s \$1	ee 10.00 10.00 30.00 ,450.00	·					
If an additiona	al extension of time is rec	juired, please conside	er this a petition there	efor.					
(b) []	Applicant believes that	it no extension of term of the possibility the	n is required. Howev	ver, this conditional petition is vertently overlooked the					

1 of 2

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)									
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total				
Total Claims	13	- 20 =	0	x \$18.00	0.00				
Independent Claims	4	- 4 =	0	x \$84.00	0.00				
Multiple Dependent Claim Fee (one or more, first added by this \$260.00 amendment)									
Total Fees									

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.
 A <u>duplicate copy</u> of this authorization is enclosed.
- [X] A check in the amount of \$110.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: July 11, 2003

Reg. No. 46,274